

COMMISSION INVOICE

[Brokerage Name]

[Address Line 1]

[Address Line 2]

Invoice #: _____

Date: _____

Broker ID: _____

Bill To (Insurer):

Remit Payment To:

Policyholder / Client	Policy Number	Premium Amount	Rate (%)	Commission Due
_____	_____	\$ _____	_____ %	\$ _____
_____	_____	\$ _____	_____ %	\$ _____
_____	_____	\$ _____	_____ %	\$ _____

Subtotal: \$ _____

Tax (if applicable): \$ _____

Total Due: \$ _____

Payment Terms: Due within ____ days of invoice date.

Bank Details: [Bank Name] | **Account #:** _____ | **Routing #:** _____